Re: submission relating to the National Tobacco Strategy

PHAA makes the following comments as a submission to the Government’s consideration of the next National Tobacco Strategy (NTS).

Firstly, we appreciate the opportunity to contribute to the consultation sessions held to canvass sector advice to government on this matter. PHAA national office staff attended the Canberra session on 14 August, and we are aware that individual PHAA members have participated in other sessions.

Secondly, PHAA has had the opportunity to view and contribute to the joint Cancer Council/Heart Foundation submission to this process. The resulting document sets out in very good detail the overall position of leading organisations involved in cancer, heart disease and the public health sector. PHAA joins this united position of the leading organisations and strongly supports the joint document.

To add to and give emphasis to the points in the joint document, PHAA would like to particularly emphasise our concerns at the lack of action over the latter part of the term of the current NTS, and highlight the urgency need for new commitments and ongoing actions.

In 2012 it appeared that a substantial agenda would be pursued during the 6-year period of the current Strategy. Indeed in 2012-13 the Strategy started well, with the vital plain packaging laws, and the start of the increases in excise on tobacco. However, effort soon fell away. This means that the new 2018-onward Strategy must be framed to make up for lost time in recent years.

The urgency for action is very clear. Tobacco remains Australia’s largest preventable cause of death and disease, responsible for 19,000 deaths annually. It is shameful that we have failed to do more, or even fully act on the Strategy for the past six years, when there is strong evidence to support the need for increased action to be taken.

PHAA recognises what has been implemented in the current Strategy, such as the excise increases, continuing support for plain packaging including in the face of international tobacco-industry legal challenges, support for the Tackling Indigenous Smoking program, and specific actions by some state and territory governments,

However, PHAA remains deeply disappointed that the opportunity created by the substantially increased revenues flowing through from the excise increases has been neglected. Despite revenue of around $12bn p.a. now from tobacco product excises, less than 0.5% of what is being raised is being devoted to ongoing measures that will reduce smoking.

It is especially disturbing that despite the evidence on the importance of public education, particularly through the mass media, there has been no national tobacco campaign conducted since 2012.

There has also been a disturbing lack of action in other key areas, such as regulating tobacco products to make them less attractive to children and young people, ending all forms of tobacco promotion, effective
cessation support, support for vulnerable groups such as people with mental health problems, and consistent and effective regulation of retail outlets.

We are also deeply concerned that notwithstanding Article 5.3 of the Framework Convention on Tobacco Control (FCTC), there continues to be significant influence through lobbying by tobacco industry corporations and the front entities which they support directly and indirectly.

We strongly support maintenance of a consistent, evidence-based precautionary approach to e-cigarettes and other novel industry products remains. Any retreat from this position leaves open the prospect of creeping re-normalisation of smoking, particularly among young people whom the industry continues to target. There also remains the prospect of such products acting as a vehicle to introduce young people to smoking.

Our very firm position is that any claim of therapeutic usages of e-cigarettes or other novel products, must follow the same process that any other claim of therapeutic value must follow, which is extensive and evidence-based assessment by the Therapeutic Goods Administration. No other basis for admitting such product claims should be considered or tolerated by the governments that remain responsible for product safety in Australia.

Finally, PHAA emphasis the vital need regular annual reports on progress from governments in implementing tobacco reduction measures, including whatever becomes the content of the new Strategy. Governments should also clarify their level of spending on reducing the nation’s largest preventable cause of death and disease. Since providing information of this kind is already an obligation of governments under the FCTC, this should constitute no additional obligation.

With the previous Strategy ending on such a weak note, the need for strong action by governments, and the need for a commitment to such action being prominent in any National Tobacco Strategy, is powerful and urgent. PHAA will hold governments accountable to meeting this essential test.

Once again, PHAA appreciates the opportunities to contribute to this Strategy development process

Yours sincerely,

Terry Slevin
Chief Executive Officer
Public Health Association of Australia